

1839
REC'D APR 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12653
Do not use this space.

1. PLACE OF DEATH

(a) County Wagoner 3 Registration District No. 875
(b) Township Washington Primary Registration District No. 6167
(c) City Nevada or Registered No. 79
(d) Street No. State Hosp #3 Nevada Mo St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Oliver C. Morlan
(a) Residence, No. Barton Co. Center St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ervin C. Morlan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 16
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. flour mill labor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Barton Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Ervin C. Morlan

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Adeline Cerrey

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jasper, Mo. DATE Mar. 18, 1939

19. FUNERAL DIRECTOR (NAME) Hays Funeral Service (ADDRESS) Nevada, Mo.

20. FILED March 16, 1939 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1929 to 8-15, 1939

I last saw him alive on 8-15, 1939. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (not typed)

Date of onset

Other contributory causes of importance:

108

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert C. Lopez, M. D.
77 (Address) State Hosp. Nevada Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-638
Date Filed 4-17-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Allen V. Hayes.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.